

Express Mail Label No. (if applicable)

RKIM

REQUEST FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application No.	09/855,142
Filing Date	May 14, 2001
First Named Inventor	Lincoln et al.
Group Art Unit	2145
Examiner Name	Choudhury, Azizul A.
Attorney Docket No	211202
Client Reference No	F32396US

Thi	s is	a R	eques	t for Continued	Examina	ition (RCE) un	der 37 CFF	R 1.114 of	the above	e-identifie	d applicati	on.
2.	a.											
3.	a. ☑ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith. i. ☑ RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e) ii. ☑ Two-month extension of time fee of \$450.00 iii. ☐ An extension for has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total amount of extension now requested. iv. ☑ Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.							\$450.00				
CLA	ім F	EE		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	
Тот	AL			4	Minus	20	= 0	x 25=	\$	x 50=	\$0.00	
INDE	PE	NDEN.	T	2	Minus	4	= 0	x 100=	\$	x 200=	\$0.00	
	FIRST PRESENTATION OF MULTIPLE CLAIM + 180= \$ + 360= \$					\$						
								Ì			fee total	\$1,240.00
Total amount to be charged to Deposit Account						\$1,240.00						
b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216									es in the a	above fee	s or to	

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (CONTINUED)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED						
Name (Print/Type)	Pamela J. Ruschau	Registration	on No. (Attorney/Agent)	34,242		
Signature	Famela Thuschau	Date	February 8, 2006			
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)			

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10							
I hereby certify that this document and all accompanying documents are, on the date indicated below, being ☐ deposited with the U.S. Postal Service using "Express Mail" service in an envelope addressed in the same manner indicated on this document with Express Mail Label Number , ☒ deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed in the same manner indicated on this document, or ☐ facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300.							
Name (Print/Type)	ne (Print/Type) Kathleen N. Grantz						
Signature	Kackeen V. Shant	Date	February 8, 2006				

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RCE Transmittal (Revised 4/8/05)